

Attorney's Docket No. \_\_\_\_\_

PATENT

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COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION OR C-I-P)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: (check one applicable item below)

original  
 design  
 supplemental

*NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application, do not check next item; check appropriate one of last three items.*

national stage of PCT

*NOTE: if one of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR C-I-P.*

divisional  
 continuation  
 continuation-in-part (C-I-P)

**INVENTORSHIP IDENTIFICATION**

**WARNING:** If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

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**A method and a device for transferring capability information**

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**SPECIFICATION IDENTIFICATION**

the specification of which: (complete (a), (b) or (c))

(a)  is attached hereto.  
(b)  was filed on \_\_\_\_\_ as  Serial No. 0 \_\_\_\_\_ / \_\_\_\_\_  
or  Express Mail No., as Serial No. not yet known \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable)

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.

(c)  was described and claimed in PCT International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

#### **ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information

which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56  
(also check the following items, if desired)

and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, and

In compliance with this duty there is attached an information disclosure statement in accordance with 37 CFR 1.98.

#### **PRIORITY CLAIM (35 U.S.C. § 119)**

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT International application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d)  no such applications have been filed.

(e)  such applications have been filed as follows.

*NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.*

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION  
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, <b>month</b> , year)	PRIORITY CLAIMED UNDER 37 USC 119
Finland	20000213	01/02/2000	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS  
(6) MONTHS FOR DESIGN PRIOR TO THIS U.S. APPLICATION**

*NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. § 120.*

**POWER OF ATTORNEY**

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.  
(List name and registration number)

Clarence A. Green (24,622)  
Harry F. Smith (32,493)  
Mark F. Harrington (31,686)

*(check the following item, if applicable)*

Attached as part of this declaration and power of attorney is the authorization of the above named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO  
Perman & Green  
425 Post Road  
Fairfield, CT 06430-6232

DIRECT TELEPHONE CALLS TO:  
*(Name and telephone number)*  
Mark F. Harrington  
(203) 259-1800

## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**SIGNATURE(S)**

**NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.**

Full name of sole or first inventor

Outi  
(GIVEN NAME) Aho  
(MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
Inventor's signature Outi Aho  
Date 7.12.2000 Tampere, Finland Country of Citizenship Finland  
Residence Lempäälä, Finland  
Post Office Address Kuulatie 4 A, FIN-37500 Lempäälä, Finland

Full name of second joint inventor, if any

(GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)  
Inventor's signature \_\_\_\_\_ Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_  
Residence \_\_\_\_\_  
Post Office Address \_\_\_\_\_

Full name of third joint inventor, if any

(GIVEN NAME)

(MIDDLE INITIAL OR NAME)

FAMILY (OR LAST NAME)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S)  
WHICH FORM A PART OF THIS DECLARATION

Signature for fourth and subsequent joint inventors. *Number of pages added* \_\_\_\_\_

...

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* \_\_\_\_\_

...

Signature for inventor who refuses to sign or cannot be reached by person authorised under 37 CFR 1.47. *Number of pages added* \_\_\_\_\_

...

Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time (37 CFR 1.47).  
 *Number of pages added* \_\_\_\_\_

...

Authorization of attorney(s) to accept and follow instructions from representative.  
 *Number of pages added* \_\_\_\_\_

...

*(If no further pages form a part of this Declaration, then end this Declaration with this page and check the following item.)*

This declaration ends with this page.